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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2706 COGG
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		First Named Inventor	DANOUX, Louis
<b>COMPLETE IF KNOWN</b>			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

Declaration Submitted with Initial Filing      OR     Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### PROCESS FOR PROTECTING THE SKIN AGAINST AGING

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
02291799.1	EP	07/17/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers <input type="checkbox"/> are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name	<input type="text"/>	Customer Number	or label	<input type="text"/>
OR				
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name		Registration Number
John E. Drach Steven J. Trzaska Aaron R. Ettelman	32,891 36,296 42,516			

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	or label	<b>23657</b>	OR	<input checked="" type="checkbox"/> Fill in correspondence address below
Name	Aaron R. Ettelman					
Address						
Address						
City			State			Zip
Country		Telephone	610-278-4930	Fax	610-278-4971	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Louis		Middle Initial		Family Name	Danoux		Suffix e.g. Jr.		
Inventor's Signature						Date				
Residence: City	Saulxures les Nancy		State		Country	France	Citizenship	France		
Post Office Address	12, rue de Bretagne									
Post Office Address										
City	54420 Saulxures les Nancy		State		Zip		Country	France	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto										

Type a plus sign (+) inside this box + 

C 2706 COGG

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**
**Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name	Olga	Middle Initial		Family Name	Freis	Suffix e.g. Jr.	
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Inventory's Signature					Date		
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Residence: City	Seichamps	State		Country	France	Citizenship	France
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Post Office Address	10, avenue des Heleux						
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Post Office Address							
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City	54280 Seichamps	State		Zip		Country	France	Applicant Authority	
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<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/>	A petition has been filed for this unsigned inventor						
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Given Name	Gilles	Middle Initial		Family Name	Pauly	Suffix e.g. Jr.	
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Inventory's Signature					Date		
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Residence: City	Nancy	State		Country	France	Citizenship	France
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Post Office Address	5, rue de Begonias						
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City	53000 Nancy	State		Zip		Country	France	Applicant Authority	
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<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/>	A petition has been filed for this unsigned inventor						
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Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
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<b>Name of Additional Joint Inventor, if any:</b>	<input type="checkbox"/>	A petition has been filed for this unsigned inventor						
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Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
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Inventory's Signature					Date			
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City		State		Zip		Country		Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto